

INDIANA PROFESSIONAL LICENSING AGENCY 302 WEST WASHINGTON STREET, ROOM E034 INDIANAPOLIS, IN 46204 TELEPHONE: (317) 232-2980 FAX: (317) 232-2312

INSTRUCTIONS: PLEASE ATTACH THE FOLLOWING:

- * COURSE OUTLINE OR DESCRIPTION
- * NAME, ADDRESS, AND PROFESSIONAL BIOGRAPHY OF THE INSTRUCTOR
- * COURSE COMPLETION CERTIFICATE PURSUANT TO 865 IAC 1-14-13

me of land surveyor		License number			
Address (number and street, city, state, ZIP code)					
	COLIDEE(S)				
	COURSE(S)		DATE OF	NUMBER	BOARD
NAME OF COURSE		COURSE LOCAT		OF HOURS	
	COURSE PROVIDER				
Name of course provider	COURSE PROVIDER		Telephone number		
Address (number and street, city, state, ZIP code)					
Address (number and street, city, state, ZIP code)					
Address (number and street, city, state, ZIP code)					
	CERTIFIED STATEMENT				
I hereby certify that I have completed the entire of	ourse(s) indicated above and	l request approval	of such courses	to comply w	ith my
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I hereby certify that I have completed the entire continuing education requirement pursuant to 865 l.	ourse(s) indicated above and AC 1-13 and 865 IAC 1-14.	d request approval			ith my
I hereby certify that I have completed the entire continuing education requirement pursuant to 865 l.	ourse(s) indicated above and	I request approval			ith my
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